

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041544

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 83

FILED NOV 28 1962

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Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lamar		c. CITY OR TOWN Lamar	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 9 days		d. STREET ADDRESS (If outside, give location) 407 E. 10th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSE Middle CLARK Last RAY			4. DATE OF DEATH Month Nov Day 16 Year 1962
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Building Constr.	11. BIRTHPLACE (City and state or country) Lamar, Mo.
13a. FATHER'S NAME John Ray		13b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY U. S. A.
14. NAME OF HUSBAND OR WIFE Stella Ray		17. INFORMANT Address Mrs. Dessie Baer, Wichita, Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Dessie Baer, Wichita, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis, thrombosis after surgery-removal of leg.			INTERVAL BETWEEN ONSET AND DEATH 9 days.
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Oct. 14, 1961 to Nov. 16, 1962 and last saw ^{or} him alive on 11-16-1962 Death occurred at 11:00 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. F. Guenther M.D.		22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 11-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-18-1962	23c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery	23d. LOCATION (City, town, or county) (State) Sheldon, Missouri
24. FUNERAL DIRECTOR Chiles Funeral Home		ADDRESS Lamar, Mo.	25. DATE RECD. BY LOCAL REG. 11-18-1962
			26. REGISTRAR'S SIGNATURE Masie Konantz

Fuller

Permit Obtained 11-18-1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Charles E. Cole*

Licensed Embalmer No. *3473*

P. O. Address *Lemay Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.